F24000000955

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000422959230

02/02/24--01032--002 **78.75

台FEB-2 PN 中年

COVER LETTER

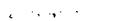
TO: Registration Section Division of Corporations				
SUBJECT: Southern Coastal B	cal Estate, Inc. n-must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the			
Please return all correspondence concerning this matte	er to the following:			
Angela D. Pittma	<u> </u>			
Name o	Person			
Southern Coastal Real Est	rate, Inc.			
_				
131 Austin Ryan Drive				
Kingsland GA 31548 City/State	and Zin anda			
Orand Oit Line of Orange	and zip code			
and pittmane and and E-mail address: (10 b) used	for future annual report notification)			
For further information concerning this matter, please				
^				
Yngela Pittman at (912 Name of Person Area Co	, 409-5267			
Name of Person Area Co	de Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations				
The Centre of Tallahassee	P.O. Box 6327			
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
Please make check payable to: FLORIDA DEPARTMEN				
☐ \$70.00 Filing Fee Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Southern Coastal Real Estate, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 66 River Pantation Road Office Address: Crawforduille, FL, Florida 32327 (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Chairman Name: EVOLUTIN SUNDA Chairman Name:	A. DIRECTORS	0 . 0 .			
Director Director Director Director Director Director Director Dother Dothe	□Chai⊓nan	Name: <u>Hapla Yittman</u>	□Chairman	Name:	
President	□Vice Chairman	Address: BY Austin Byan D.	□Vice Chairman	Address:	
Ovice President	□Director	Kingbond, GA 31548	□Director		
Chairman Name: Evalum Sanford Chairman Name:	□President		□President		
Chairman Name: EValum San Ford Chairman Name: Other Other	□Vice President		□Vice President		
Chairman Name: EVALUM SANDO Chairman Name:	☐ Secretary	□Treasurer	□ Secretary		□Treasurer
Secretary	Xother UEC	Other CFO	□Other	.	□Other
Secretary	□ Chairman	Yama Evaluan Sanfad	□ Chairman	Name	
Director		L L			
President		1/1		Address.	
Secretary					
Secretary					
Other					
Chairman Name:	•		·		Other
Vice Chairman Address:					
Director Director	□Chairman	Name:	□Chairman	Name:	
□ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other	□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ □ Ot	□Director		□Director		
Secretary	□President		□President		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indefindividuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155. F.S.	□Vice President		□Vice President		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indefindividuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155. F.S.	Secretary	□Treasurer	☐ Secretary		□Treasurer
12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817. 155. F.S.	□Other	□Other	□Other		Other
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.755. F.S.	individuals may b	e added to the index when filing your Florida Departm	ient of State Annual R	Report form.	
(Typed or printed name and capacity of person signing application)	she is aware that f	ector signing this document (and who is listed in numb false information submitted in a document to the Depar	er 11 above) affirms t rtment of State constit	tutes a third degr	ee felony as provided for in



Control Number: 19159574

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Southern Coastal Real Estate, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26551989 Date Inc/Auth/Filed: 12/05/2019 Jurisdiction : Georgia Print Date : 01/26/2024

Form Number : 211



Brad Rafforsperger

Brad Raffensperger